MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

	AC F	II ED	AF1	rER	AF	TER	LAIN	15	•		1.		•	
	AS FILED		1st AMENDMENT		2nd AMENDMENT				L					
 -	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1 2								51						
3								52			 			
4								53			 	<u> </u>		
5			 -					54			 			
6			<u> </u>					55			 			
7			 					56		 -	-			
8								57			 		 	
9		<u> </u>						58					-	<u> </u>
10							1	59			 		-	_
11							1	60			 	<u> </u>		┝
12								61 62			 	 	 	_
13								63		<u> </u>	 	 		
14							i	64			 		 -	-
15							1	65						\vdash
16							i i	66			 		l	-
17	-		-					67			 		 	
18							1	68						
19								69			<u> </u>		 	
20								70						
21						-	1	71				-	1	
22							i l	72					 ;	
23								73			-		 	
24								74					l	
25								75			i		l	
26								76						
27							İ	77						 -
28					-		1 1	78		•	-			
29								79					1	
30								80						
81								81						
32								82						
33								83						
84								84					-	
35								85						
36			•					86						
37								87						
38								88						
89							l	89						
40								90						
41								91				•		<u> </u>
42								92					ļ	<u> </u>
43			_					98			<u> </u>		<u> </u>	<u> </u>
44								94					<u> </u>	<u> </u>
45								95					 	
46						-		96					<u> </u>	
47								97						<u> </u>
48								98			 		 	<u> </u>
50								99 100			 		├	
OTAL			-										 	
ND.		1	<u> </u>			1		TOTAL IND.					•	
OTAL DEP.						-		TOTAL DEP.				-		-
OTAL LAIMS		i de		18			.	TOTAL CLAIMS		**				7 - 1 × 5